

**Request for Training Program Accreditation for Category V - Parenting Coordination**

**Name of Organization:** \_\_\_\_\_

**Name of Program Organizer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_

**Name(s) of Faculty Member(s):** \_\_\_\_\_

**Date of Program (MM/DD/YYYY):** \_\_\_\_\_

**Cost:** \_\_\_\_\_ **Location:** \_\_\_\_\_

☐ **Pre-Appointment Training**

☐ **Continuing Education Training**

**General Topic of the Course as Outlined in Standing Order --- 17:**

☐ Role of Parenting Coordinator in  
Massachusetts

☐ Conflict Management and Dispute  
Resolution Skills

☐ Role of Parenting Coordinator generally

☐ Communication Skills

☐ Developmental Stages of Children

☐ Parenting Skills

☐ Dynamics of High Conflict Families

☐ Problem-Solving Techniques

☐ Parenting in Separate Households

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

**Description of Course (Complete Syllabus Must be Attached):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Credit Hours Sought:** \_\_\_\_\_

**By submitting this form, this organization agrees to utilize only the certification of attendance provided by the Administrative Office of the Probate and Family Court and agrees to inform participants that the credits can only be used for fee generating appointment Category V - Parenting Coordination.**

**The submission can be mailed to Jocelyne Welsh, Probate and Family Court Administrative Office, John Adams Courthouse, Mezzanine, Boston, MA, 02108 or emailed to [pandf.feegenerating@jud.state.ma.us](mailto:pandf.feegenerating@jud.state.ma.us).**

Date Received: \_\_\_\_\_

Approved: ☐ Yes

☐ No

Number of credit hours: \_\_\_\_\_

Date: \_\_\_\_\_

Initials \_\_\_\_\_